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Role of Trauma Services in the Admission or Consultation of Trauma Patients

Purpose: To delineate the admission or consultation process in the care of the trauma patient.

Guidelines:

A. Trauma Services Admission

- a. All Category I or Category II trauma activations that require admission to Deaconess Midtown Hospital will be admitted to Trauma Services
 - i. If trauma is not the primary reason requiring admission, the Trauma Surgeon may sign of the case to another physician who agrees to become the attending
 1. This must be documented in a note in the patient's EMR
- b. All Category I and Category II pediatric (≤ 18 years of age) trauma activations admitted to Deaconess Midtown will be admitted to Trauma Services
 - i. A Pediatric Intensivist consultation will be obtained at the Trauma Surgeon's discretion
- c. All obstetrical trauma patients requiring further evaluation from the Trauma Surgeon will be admitted to Trauma Services
 - i. A call will be placed to the OB ED physician for further guidance on testing and interventions needed
 - ii. Qualifying nursing personnel will be required to come from The Women's Hospital to be a resource at the patient's bedside as deemed necessary by physicians
 1. See OB Guideline for additional information
- d. Trauma admission orders should be completed on all trauma patients admitted to Trauma Services

B. Trauma Surgeon Consult

- a. Emergency Physician or admitting physician can contact the Trauma Surgeon on call for any patient requiring admission to the hospital for any traumatic injury that does not fit Category I or Category II criteria
 - i. This includes any patient admitted to services other than Trauma Services who needs trauma consultation

- b. Injured patients who merit a trauma consult should be referred to the Trauma Surgeon on call
 - i. This consult should be entered in the EMR under IP Consult to Trauma Services so that it will be placed on the Trauma Surgeon's rounding list
 - ii. A phone call is required to Evansville Surgical Associates' (ESA) call center in order for the Trauma Surgeon on call to be notified of need for consult
 - 1. This entry should include which surgeon was called so that Trauma Services can track the Surgeon's time as part of the quality improvement process
 - iii. If the injured patient requires admission, the patient will be placed under the Trauma Center admission type
 - c. If the Trauma Surgeon is consulted for a medical surgical patient, the Surgeon will assess the patient within 6 hours of notification of the consult
 - d. If the Trauma Surgeon is consulted for an ICU patient, the Surgeon will assess the patient within 1 hour of notification of the consult
 - e. It is recommended that the patient's primary care provider be consulted as a courtesy and to consult if deemed necessary by the Trauma Surgeon
 - i. This has been included on the trauma admission order set
- C. Direct Admissions
- a. Patients who have injuries that occurred < 24 hours prior to arrival should be admitted through the Emergency Department to Trauma Services
 - b. Patients who bypass the Emergency Department as a direct admit and are admitted for a traumatic injury that meets activation criteria or consultation criteria will require the Admitting Physician to consult Trauma Services
 - i. The Trauma Surgeon should then obtain permission from the primary/attending to follow this patient's care
 - ii. This patient's chart will be marked for "screening" to determine appropriateness of admission service
 - c. The Admitting Physician should document a Trauma Consult and speak to the Trauma Surgeon on call
- D. Signing Off the Case
- a. Trauma Surgeon may determine that Trauma Services is no longer needed if
 - i. The trauma patient has been thoroughly evaluated and is hemodynamically stable with an isolated injury; or
 - ii. The trauma patient has an injury that only requires outpatient follow up
 - b. Upon determination of Trauma Services being no longer necessary, the Trauma Surgeon should
 - i. Enter a progress note stating
 - 1. Transfer of care and naming the receiving service (i.e. Hospitalist, Critical Care, PCP, etc.)
 - 2. An order should be placed if receiving service is not already involved in the care of the patient

References:

- Deaconess Hospital P&P 30-03 Patient Room Preparation and Bed Assignment
- Deaconess Hospital P&P 40-06 Emergency Medical Transfer and Active Labor (EMTALA) Guidelines
- Deaconess Trauma Guideline Resuscitation Role Assignments